

Application for Health Insurance

MaineCare for Families with Children and Pregnant Women

1. Person Filling Out The Application

Name (first, middle initial, last)			
Social Security Number (Optional if You Are Not Requesting Coverage)	Birthdate (month/day/year)	Sex	Are you requesting Coverage?

Check one ☐ married ☐ widowed ☐ single ☐ divorced ☐ separated
Maiden Name _____

Return to:
REC'D 45 th DAY

2. Mailing Address

Street, PO Box or RR (include apartment number, in care of , etc.)				
City:	State:	Zip code:	Home phone	Work phone:
If different from your mailing address, write in the address where you actually live:				

3. Household Members (List the people who live with you)

Last name	First name	Middle initial	Sex	Date of birth	Requesting Coverage?	Social Security Number (Optional if Not Requesting Coverage)	Relationship to you

4. Household Earning (You are not required to submit proof of your earnings at this time, but you may be asked at a later date to provide paystubs or photocopies of paystubs for the last 4 weeks if electronic verification is not possible.)

Name	Employer's name and phone	Amount you earn	How often you are paid	Hours worked each week

5. Self-Employment (Attach a copy of your most recent tax return including all schedules)

Name of the person who is self-employed	If you did not file a tax return. Check here <input type="checkbox"/>
Name of business	Hours worked weekly

6. Unearned Income (You are not required to submit proof of your earnings at this time, but you may be asked to at a later date if electronic verification is not possible.)

Note: You don't need to tell us about child support, veteran's payments, or Supplemental Security Income (SSI).

Name of person Receiving income	Where is income from? (Social Security, Unemployment, etc.)	How often received? (monthly, weekly, etc.)	Amount Before deductions

7. Health Insurance

List children in your household who now have health insurance (except for MaineCare) which covers more than one service

List children in your household who lost health insurance (except for MaineCare) in the last 3 months and why they lost insurance:

List children in your household who can be added to a household member's State Employee health insurance:

8. Special Conditions

☐ Check here if anyone has a disabling condition or is applying for Limited Benefits Program. (There may be special help available to you.)

☐ Check here if your child is a member of a Federally recognized American Indian tribe or Alaskan Native. (No premium is required.) Name of tribe _____

Is everyone for whom you are applying a U.S. citizen? ☐ Yes ☐ No

If no, complete the following for everyone who is not a US citizen:

Name	Document Type	Document ID Number	Has he/she lived in US Since 1996? Yes or No	Is his/her spouse or parent a veteran or active-duty member in the US military? Yes or No

If English is not your first language, what language do you speak? _____

Does any child on this application have a parent living outside of the home? ☐ Yes ☐ No

If yes, I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell Medicaid and I may not have to cooperate.

Are you asking for help with medical bills incurred in the last 3 months? ☐ Yes ☐ No

Do you want to apply for Food Stamps? ☐ Yes ☐ No

9. Signature

If you have to pay a premium, coverage can start either the month the Dept. of Health and Human Services receives this application, or the next month. Please write the name of the month you want coverage to start. _____

I understand and agree to provide documents to prove what I have stated. **I understand and agree that the information I have given may be verified by federal, state and local officials or other persons and organizations. If I have given incorrect information, my application may be denied and I may be charged with giving false information.** I understand the questions on this application and the penalty for hiding or giving false information or breaking any of the rules in the penalty warning. **I certify under penalty of perjury that my answers, including those concerning citizenship or alien status, are correct and complete for all persons applying for benefits.**

If anyone on this application is eligible for Medicaid, I am giving to the Medicaid agency our rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I am also giving to the Medicaid agency rights to pursue and get medical support from a spouse or parent.

Signature of person filling out this formDateOFI-CC0001 (06/14)

MEDICAID APPLICATION SUPPLEMENT

COMPLETE THIS SUPPLEMENT FOR YOURSELF, YOUR SPOUSE/PARTNER AND CHILDREN WHO LIVE WITH YOU AND/OR ANYONE ON YOUR SAME FEDERAL INCOME TAX RETURN IF YOU FILE ONE. IF YOU DON'T FILE A TAX RETURN, REMEMBER TO STILL ADD FAMILY MEMBERS WHO LIVE WITH YOU.

APP LAST NAME:

APP FIRST NAME:

MI:

AMERICAN INDIANS AND ALASKA NATIVES

Names of those with Indian Health Service Coverage:

Does Not Receive Indian Health Service Coverage, but is eligible:

OTHER MEDICAL INSURANCE

(IF APPLICABLE, LIST THE HOUSEHOLD MEMBERS THAT CURRENTLY RECEIVE HEALTH COVERAGE)

Name:

Company:

Policy:

Type:

EMPLOYER INSURANCE

HOUSEHOLD MEMBERS RECEIVING, OR ELIGIBLE FOR, EMPLOYER SPONSORED HEALTH INSURANCE (NOW OR IN THE NEXT THREE MONTHS)
PROVIDING THE SSN IS OPTIONAL FOR PERSONS WHO ARE NOT APPLYING FOR MEDICAL COVERAGE

Name:

SSN:

Minimal essential coverage?

Date when eligible to enroll:

Monthly premium for lowest-cost plan offered: \$

Employer Name:

Employer EIN:

Employer Address:

Employer Phone:

Employer Email:

Employer Insurance Name:

Employee Contact Info:

TAX INFORMATION, APPLICANT

(YOU CAN STILL BE ELIGIBLE FOR PROGRAMS EVEN IF YOU DON'T FILE FEDERAL INCOME TAX)

A. Will you file Income Tax Next Year (if yes, please answer questions A-C; if no, skip to question D:

B. Will you file jointly with spouse:

Name of spouse:

C. Will you claim dependents on your tax return:

Name of dependent 1:

Name of dependent 2:

Name of dependent 3:

D. Will you be claimed as a dependent on someone's tax return:

Name of filer:

DEDUCTIONS, APPLICANT

ENTER AMOUNTS FOR ALL THAT APPLY

Alimony paid:

How often?

Student loan interest:

How often?

Other deductions:

How often?

Type:

For American Indians and Alaskan Natives Only

Certain money received can be excluded from income; list any money received from these sources: per capita payments from a tribe that comes from natural resources, usage rights, leases or royalties: payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Dept. of Interior; and money from selling things that have cultural significance.

How much received? \$

How often?

SIGNATURE

I'M SIGNING THIS APPLICATION UNDER PENALTY OF PERJURY WHICH MEANS I'VE PROVIDED TRUE ANSWERS TO ALL THE QUESTIONS ON THIS FORM TO THE BEST OF MY KNOWLEDGE. I KNOW THAT I MAY BE SUBJECT TO PENALTIES UNDER FEDERAL LAW IF I PROVIDE FALSE AND OR UNTRUE INFORMATION.

Signature of applicant:

Date:

TAX INFORMATION, NAME OF PERSON #1 WHO LIVES WITH YOU:			
A. Will he/she file Income Tax Next Year (if yes, please answer questions A-C; if no, skip to question D:			
B. Will he/she file jointly with spouse:		Name of spouse:	
C. Will he/she claim dependents on your tax return:		Name of dependent 1:	
Name of dependent 2:		Name of dependent 3:	
D. Will he/she be claimed as a dependent on someone's tax return:		Name of filer:	
Total Income (list next year's total income for this person):			
DEDUCTIONS, PERSON#1 WHO LIVES WITH YOU - ENTER AMOUNTS FOR ALL THAT APPLY			
Alimony paid:	How often?	Student loan interest:	How often?
Other deductions:	How often?	Type:	
For American Indians and Alaskan Natives Only Certain money received can be excluded from income; list any money received from these sources: per capita payments from a tribe that comes from natural resources, usage rights, leases or royalties: payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Dept. of Interior; and money from selling things that have cultural significance.			
How much received? \$		How often?	
TAX INFORMATION, NAME OF PERSON #2 WHO LIVES WITH YOU:			
A. Will he/she file Income Tax Next Year (if yes, please answer questions A-C; if no, skip to question D:			
B. Will he/she file jointly with spouse:		Name of spouse:	
C. Will he/she claim dependents on your tax return:		Name of dependent 1:	
Name of dependent 2:		Name of dependent 3:	
D. Will he/she be claimed as a dependent on someone's tax return:		Name of filer:	
Total Income (list next year's total income for this person):			
DEDUCTIONS, PERSON #2 WHO LIVES WITH YOU - ENTER AMOUNTS FOR ALL THAT APPLY			
Alimony paid:	How often?	Student loan interest:	How often?
Other deductions:	How often?	Type:	
For American Indians and Alaskan Natives Only Certain money received can be excluded from income; list any money received from these sources: per capita payments from a tribe that comes from natural resources, usage rights, leases or royalties: payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Dept. of Interior; and money from selling things that have cultural significance.			
How much received? \$		How often?	
TAX INFORMATION, NAME OF PERSON #3 WHO LIVES WITH YOU:			
A. Will he/she file Income Tax Next Year (if yes, please answer questions A-C; if no, skip to question D:			
B. Will he/she file jointly with spouse:		Name of spouse:	
C. Will he/she claim dependents on your tax return:		Name of dependent 1:	
Name of dependent 2:		Name of dependent 3:	
D. Will he/she be claimed as a dependent on someone's tax return:		Name of filer:	
Total Income (list next year's total income for this person):			
DEDUCTIONS, PERSON #3 WHO LIVES WITH YOU -ENTER AMOUNTS FOR ALL THAT APPLY			
Alimony paid:	How often?	Student loan interest:	How often?
Other deductions:	How often?	Type:	
For American Indians and Alaskan Natives Only Certain money received can be excluded from income; list any money received from these sources: per capita payments from a tribe that comes from natural resources, usage rights, leases or royalties: payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Dept. of Interior; and money from selling things that have cultural significance.			
How much received? \$		How often?	

TAX INFORMATION, NAME OF PERSON #4 WHO LIVES WITH YOU:			
A. Will he/she file Income Tax Next Year (if yes, please answer questions A-C; if no, skip to question D:			
B. Will he/she file jointly with spouse:		Name of spouse:	
C. Will he/she claim dependents on your tax return:		Name of dependent 1:	
Name of dependent 2:		Name of dependent 3:	
D. Will he/she be claimed as a dependent on someone's tax return:		Name of filer:	
Total Income (list next year's total income for this person):			
DEDUCTIONS, PERSON #4 WHO LIVES WITH YOU - ENTER AMOUNTS FOR ALL THAT APPLY			
Alimony paid:	How often?	Student loan interest:	How often?
Other deductions:	How often?	Type:	
For American Indians and Alaskan Natives Only Certain money received can be excluded from income; list any money received from these sources: per capita payments from a tribe that comes from natural resources, usage rights, leases or royalties: payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Dept. of Interior; and money from selling things that have cultural significance.			
How much received? \$		How often?	
TAX INFORMATION, NAME OF PERSON #5 WHO LIVES WITH YOU:			
A. Will he/she file Income Tax Next Year (if yes, please answer questions A-C; if no, skip to question D:			
B. Will he/she file jointly with spouse:		Name of spouse:	
C. Will he/she claim dependents on your tax return:		Name of dependent 1:	
Name of dependent 2:		Name of dependent 3:	
D. Will he/she be claimed as a dependent on someone's tax return:		Name of filer:	
Total Income (list next year's total income for this person):			
DEDUCTIONS, PERSON #5 WHO LIVES WITH YOU - ENTER AMOUNTS FOR ALL THAT APPLY			
Alimony paid:	How often?	Student loan interest:	How often?
Other deductions:	How often?	Type:	
For American Indians and Alaskan Natives Only Certain money received can be excluded from income; list any money received from these sources: per capita payments from a tribe that comes from natural resources, usage rights, leases or royalties: payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Dept. of Interior; and money from selling things that have cultural significance.			
How much received? \$		How often?	
TAX INFORMATION, NAME OF PERSON #6 WHO LIVES WITH YOU:			
A. Will he/she file Income Tax Next Year (if yes, please answer questions A-C; if no, skip to question D:			
B. Will he/she file jointly with spouse:		Name of spouse:	
C. Will he/she claim dependents on your tax return:		Name of dependent 1:	
Name of dependent 2:		Name of dependent 3:	
D. Will he/she be claimed as a dependent on someone's tax return:		Name of filer:	
Total Income (list next year's total income for this person):			
DEDUCTIONS, PERSON #6 WHO LIVES WITH YOU - ENTER AMOUNTS FOR ALL THAT APPLY			
Alimony paid:	How often?	Student loan interest:	How often?
Other deductions:	How often?	Type:	
For American Indians and Alaskan Natives Only Certain money received can be excluded from income; list any money received from these sources: per capita payments from a tribe that comes from natural resources, usage rights, leases or royalties: payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Dept. of Interior; and money from selling things that have cultural significance.			
How much received? \$		How often?	